

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7/9/05 2 Serial/Patent # 10/525818

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 02--2448

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Fee Code Correction*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BaC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

Repln. Ref: 07/11/2005 BCAMPBEL 0022032000  
DAH:022448 Name/Number:10525818  
FC: 9204 \$100.00 CR

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/525 818

## CLAIMS AS FILED - PART I

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

|   | (Column 1)  | (Column 2)                             |
|---|---|--|
| U.S. NATIONAL STAGE FEES                                  |   |  |
| BASIC FEE   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 15 minus 20 = *   |  |
| INDEPENDENT CLAIMS  | 1 minus 3 = *   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |  |

| RATE       | FEE |
|------------|-----|
| BASIC FEE  |     |
| EXAM. FEE  |     |
| SEARCH FEE |     |
| X \$ 125 = |     |
| X \$ 25 =  |     |
| X \$ 100 = |     |
| + \$ 180 = |     |
| TOTAL      |     |

OR

| RATE       | FEE  |
|------------|------|
| BASIC FEE  | 300  |
| EXAM. FEE  | 200  |
| SEARCH FEE | 400  |
| X \$ 250 = |      |
| X \$ 50 =  |      |
| X \$ 200 = |      |
| + \$ 360 = | 360  |
| TOTAL      | 1260 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

|   | (Column 1)                          | (Column 2)                         | (Column 3)    |
|---|-------------------------------------|------------------------------------|---------------|
| AMENDMENT A   | 13 CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 15                                | Minus                              | ** 20 = 0     |
| Independent   | * 1                                 | Minus                              | *** 3 = 0     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                     |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus                              | ** =          |
| Independent   | *                                | Minus                              | *** =         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.